

**APPLICATION FOR ZONING APPROVAL
CITY OF STAMFORD**

_____/_____
ISSUE DATE NUMBER



Fee: _____

Application is for permission to _____

Location of Premises _____

Owner of Premises _____ Address _____

Tenant _____ Address _____

Architect _____ Address _____

Present or Former Use (# from Appendix A) _____ Proposed Use (# from Appendix A) _____

If use is Residential, No. of Existing Units _____ No. of Additional Units _____ Total # Units _____

Zoning District _____ Use of Other Buildings on Site _____

Variance Granted Yes() No () Hearing Date _____ Zoning Board-Approval Yes() No () APPL # _____

CAM Approval Yes() No () # _____ EPB Special Permit Yes () No () APPL. # _____

Lot Frontage _____ Type of Lot: Interior () Corner () Accessway ()

Area of Lot _____ Building coverage (Footprint) _____ Sq. Ft. (Percentage of Lot) _____

Addition/Building Height: _____ Stories _____ Ft. Area of Building _____

Setbacks: Front _____ From Center of Street _____ Right Side Yard _____ Left _____ Rear _____

Property abuts More Restrictive Zone: Yes () No () Zone _____

ADDITIONAL INFORMATION FOR MULTI-FAMILY AND COMMERCIAL BUILDINGS ONLY

If Application is for Tenant Space: _____ Square Feet Located on Floor(s) _____

Floor Area Ratio Factor _____ Lot Area _____ Total Square Feet Allowed _____

Additional Area for Amenities: _____ Square Feet Total FAR and Amenities: _____ Square Feet

Total Floor Area of Building (Overall) New _____ Existing _____ Total Square Feet _____

Basement _____ First Floor _____ Other Floors _____

Building Height: _____ Stories _____ Feet Allowable Height: _____ Stories _____ Feet

Penthouse Height: _____ Stories _____ Feet Percentage of Roof Coverage _____ % Allowed _____ %

Parking Spaces Required: _____ Provided _____ Loading Spaces Required: _____ Provided _____

Usable Open Space Required _____ Square Feet Provided _____ Square Feet

Pre-School Children Space Required: _____ Square Feet Provided _____ Square Feet

Name and Address of Individual Providing Information on This Application:

(NAME)

(ADDRESS)

(PHONE)

(SIGNATURE)

REVIEW COMMENTS/CONDITIONS OF PERMIT: _____
